

POSITION DESCRIPTION

Part I: POSITION INFORMATION

Read each heading carefully before proceeding. Make statements simple, brief, and complete. **Be certain the form is signed.** Send the original to Human Resources. Supervisors and incumbents are responsible for completion of this form.

Classified	Regular	Full-Time	Existing	100%	Other %
Position Number: K0210496		Current Class Title: Senior Administrative Assistant		For Use by Human Resources Allocation: Senior Administrative Assistant Effective Date: 5/28/2009 FLSA Status: Nonexempt Approved By: Patti Woodcock Pay Grade: 16	
Employee Name: Sarai Blackwell		Proposed Class Title: (reallocations or new positions only)			
Direct	Name: Marc Shiff	Position Number: K0047427			
Supervisor	Title: Public Service Executive II, (Director, CSHCN)				
Location:	Topeka/Shawnee	Other Location:	8:00am - 5:00pm	Other Hours:	
Division:	Division of Health, Bureau of Family Health			Budget Program Number:	65110

Part II: ORGANIZATIONAL INFORMATION

1. If this is a request to reallocate the position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

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2. How much latitude is allowed incumbent in completing work? **Some**

3. What kinds of instructions, methods and guidelines are given to the incumbent in this position to help do the work?

This position will function under the general guidelines and instructions of the supervisor. Additional assignments may be delegated to this position. The instructions for these assignments are usually oral, but may be given in writing or by email.

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4. Which statement best describes the results of error in action or decision of this incumbent?

Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.

5. Describe the work of this position. Use the following format for describing the duties: What is the action being done (use action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); how is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed).

Number Each Task, Indicate Percent of Time and Identify each function as Essential or Marginal by placing an "E" or "M" next to the % of time for each task. No duty shall exceed 50% nor be less than 5%.

Essential functions are primary job duties for which the position was created and that an employee must be able to perform, with or without a reasonable accommodation.

Marginal functions are peripheral, incidental or minimal parts of the position.

Note: The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

Number	% of Time	E or M	Description of Duties
1.	25%	E	Performs multiple tasks for the CSHCN program including handling incoming correspondence including returned, completed applications, financial information requested from family, medical records from physicians. Logs data into the data system. Sorts, dates and distributes all incoming correspondence as received for CSHCN staff. Pulls charts, attaches correspondence and delivers to appropriate staff. Routes medical information to nurse and routes financial information to accounts specialist for financial eligibility determination. As needed, returns incoming mail to sender due to insufficient information or other reason. Logs into an Excel spreadsheet the number of business reply envelopes received for 3 different programs: CSHCN, Birth Defects Surveillance System, and Newborn Screening. Provide primary administrative support for the submission of monthly tallies of these to the billing clerk for reconciliation. Provide accurate information and responds to request letters from families as necessary. Provide primary administrative support with mass mailings such as birth defects mailing.
2.	25%	E	Enters client application data into the web-based CSHCN data system (WebIZ) within 24 hours of receipt. Delivers hard copy to the financial eligibility staff person for processing. Notes patient consent for medical records and mails requests to providers for such. Mails applications to parents as requested. Every Tuesday morning runs tickler file report on status of applications and information requested from parents, etc. Follow-up on requested provider reports, etc. Weekly, run report from data system on Health Care Plan Update. Send letter and application as needed.
3.	20%	E	Maintains the CSHCN medical records system. Adheres to medical records retention policy for the Section. Destroys files that have had no activity in 10 years. Culls/thins medical charts by removing older materials and storing in adjunct files. Pulls records for clients attaining age 21 and sends to archives where retained for specified time period.
4.	15%	E	Provides primary administrative support for reconciliation of the MMIS/Medicaid/EDS list with the CSHCN WebIZ. Highlights any discrepancies, determines source of discrepancy, and makes corrections. Provide accurate monthly reconciliation of the KFMC list with the CSHCN WebIZ. Highlights any discrepancies, determines source of discrepancy, and makes corrections. Monthly in the middle of the month, runs a WebIZ list and sends to Unicare and CMFP for reconciliation.
5.	10%	E	Provides phone backup for the Section and at times for the Bureau. Also may be asked to pick up calls for the MCH toll-free line. Communicates with parents, doctors and providers by phone or in person as needed.
6.	5%	M	Perform other duties as assigned including serving as a member of the KDHE Disaster Response Team as needed to assure the agency's public and environmental health response is adequately staffed during and immediately following natural and/or manmade disasters, infectious disease outbreaks, and/or acts of terrorism.

6. Click on the button if this position directly supervises agency employees:		<input type="radio"/> Supervisor <input checked="" type="radio"/> Non-Supervisor	
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7. List the class titles and position numbers of all agency employees directly supervised by this position:			
Class Title	Position #	Class Title	Position #

8. For what purpose, with whom and how frequently are contacts made with the public, officials or other employees?			
<input type="checkbox"/> Local Government Officials <input type="checkbox"/> State Government Officials <input type="checkbox"/> Federal Government Officials <input type="checkbox"/> Community Contacts <input type="checkbox"/> Private Consultants <input type="checkbox"/> Owners <input type="checkbox"/> Operators <input type="checkbox"/> Legislature <input checked="" type="checkbox"/> KDHE Program Staff <input checked="" type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">Parents & Providers</div> <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <input type="checkbox"/> Other <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div>	Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Frequency: Daily Daily Frequency: Frequency:	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼	<div style="display: flex;"> <div style="width: 30%;"> Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: Purpose: carry out duties carry out duties Purpose: Purpose: </div> <div style="width: 20%;"> ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ </div> <div style="width: 40%; border-left: 1px solid black; padding-left: 5px;"> Other Purpose: </div> </div>

9. What hazards, risks or discomforts exist on the job or in the work environment?	
<input checked="" type="radio"/> Normal Office Environment <input type="radio"/> Other (please explain)	

10. Describe any methods, techniques or procedures that must be used to ensure safety for equipment, employees, clients and others. (Check all that apply.)	
<input type="checkbox"/> Standard industry health and safety protocol is used at sites to ensure the safety of all on-site personnel and the general public. <input type="checkbox"/> Contact with corrosive, toxic, ignitable, and/or reactive materials during fieldwork including hazardous or solid waste site visits, sampling activities, and related work may occur. <input type="checkbox"/> Pursuant to 29 CFR, Part 1910.120, employee will be required to successfully complete the 40-hour Hazardous Waste Site Operations training and the annual eight-hour update training. <input type="checkbox"/> Personal protective equipment is provided as necessary. <input type="checkbox"/> The use of electrical audiovisual equipment necessitates knowledge and safety measures while using and securing equipment cords to prevent self and others from electrical shock or trip/fall injuries. <input type="checkbox"/> Normal driving and road hazards may occur while traveling Kansas roads. <input checked="" type="checkbox"/> Use of proper lifting techniques is necessary when lifting and moving material, equipment, etc. <input checked="" type="checkbox"/> Requires the use of computer, copier, calculator, fax, and other electrical office machines. <input checked="" type="checkbox"/> Incumbent is encouraged to follow office safety practices to ensure safety for self and others in the office. <input type="checkbox"/> Other:	

11. Performance of the duties of this position could be reasonably anticipated to cause exposure to blood, blood products and/or other potentially infectious materials.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

12. Check all machines regularly used in the work of this position and indicate frequency with which they are used.				
Equipment:	Frequency Used:	Equipment:	Frequency Used:	Other:
<input checked="" type="checkbox"/> Computer	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	
<input checked="" type="checkbox"/> Telephone	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	
<input checked="" type="checkbox"/> Copier	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	
<input checked="" type="checkbox"/> Fax machine	Daily ▼	<input type="checkbox"/> Other (describe)	Frequency: ▼	
<input checked="" type="checkbox"/> Scanner	Daily ▼			
<input type="checkbox"/> Scientific equipment	Frequency: ▼			
<input type="checkbox"/> Sampling equipment	Frequency: ▼			
<input type="checkbox"/> Vehicle	Frequency: ▼			

Part III: EDUCATION, EXPERIENCE AND SAFETY INFORMATION

13. Minimum Requirements (MR) as stated in the State of Kansas Class Specification. **Note: Do not include substitution statement indicated on class specification. However, if substitution is desired, specifically describe substitution.**

One year of experience in general office, clerical and administrative support work.

14. Special Requirements: Additional qualifications for this position that are necessary to perform the Essential Functions of the position (i.e. license, registration or certification).

License's Required	<input type="checkbox"/> Valid Driver's License - Incumbent is required to have and maintain a valid driver's license when operating a state vehicle, a private vehicle, or a rental vehicle for the benefit of the State. <input type="checkbox"/> Professional Environmental Engineer - Incumbent is required to maintain a professional environmental engineer license while in the position. <input type="checkbox"/> Professional Geologist - Incumbent is required to maintain a professional geology license while in this position.
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Other License

15. Preferred education, experience or skills. **(These items will be used to screen applicants when recruiting to fill the position.)**

Preferred Education

- ☒ High School/GED
☐ Bachelors Degree
☐ Masters Degree
☐ Ph.D.
☐ M.D.
☐ Other
☐ Other
☐ Other
☐ Other

Degree Area

Preferred Skills

- ☒ Computer Skills
☒ Grammar
☒ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other
☐ Other

Word, Excel, PowerPoint, Access

Proofreading, editing, attention to detail

Effective communication skills

Preferred Experience:

Experience with medical records and data entry. Experience working in web-based reporting system. Experience with MMIS/medical records and data entry.

Part IV: SIGNATURES

<div></div>	<div></div>
Signature of Employee	Date

<div></div>	<div>5/28/2009</div>
Signature of Human Resources Official	Date

Approved:

<div>Marc Shiff</div>	<div>5/28/2009</div>
Signature of Supervisor	Date

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Signature of Agency Head or Appointing Authority	Date